

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	TX	10099 907	513 106129101 10-9-81

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
1	Final Original 10/11/81
2	J V
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

BEST

MS
ab/20/81
5/10/81